

Janet T. Mills
Governor

Jeanne M. Lambrew, Ph.D.
Acting Commissioner



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Maine Center for Disease Control and Prevention
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December 5, 2019

Janice D. Williams, Paralegal, MSA
Grants Management Specialist, CTR
Grants Management Officer (GMO)
Office of Grants Services (OGS)
Office of Financial Resources (OFR)
Office of the Chief Operating Officer (OCCO)
Centers for Disease Control and Prevention (CDC)

Dear Ms. Williams,

Maine CDC is proposing changes to our F2019 Preventive Health and Health Services Block Grant. We are proposing changes to the activities under the State programs of Accreditation and Community Engagement based on emerging needs identified since our plan was submitted July 1, 2019. In addition, minor changes to the allocations have been made. These are reflected in this summary table below.

Program Title	Health Objective	Current PHHSBG \$'s	Proposed PHHSBG \$'s
Community Engagement	ECBP-10 Community-Based Primary Prevention Services	\$543,841	\$328,247
	PHI-14.2 Public Health Systems Assessment		\$215,596
Sub-Total		\$543,841	\$543,841
Epidemiology services	PHI-13 Epidemiology Services	\$287,925	\$288,088
Sub-Total		\$287,925	\$288,088
Maintaining Public Health Accreditation	PHI-17 Accredited Public Health Agencies	\$510,015	\$380,735
	FS-1 Food-borne pathogen infections		\$127,698
Sub-Total		\$510,015	\$508,433
Rape Prevention	IVP-40 Sexual Violence (Rape Prevention)	\$29,701	\$29,701
Sub-Total		\$29,701	\$29,701
Administration		\$31,203	\$32,620
Grand Total		\$1,402,685	\$1,402,685

These changes will be discussed by our Advisory Committee and their feedback will be noted in the minutes of the December 13th meeting.

We are proposing the following specific changes in two state programs: Community engagement and Public Health Accreditation. These changes are noted in red italicized type.

State Program Strategy:

Goal: To improve health outcomes for District selected priorities.

Health Priority: Priorities will vary, depending on District Public Health Improvement Plans, but are likely to include one or more of the following: mental health, substance abuse, obesity, cancer, cardiovascular health, physical activity and nutrition, social determinants of health, healthy aging, or access to care.

Primary Strategic Partners: District Coordinating Councils.

Evaluation Method: Evaluation metrics will be included in the District Public Health Improvement Plans (DPHIPs) and monitored at least annually, and for some metrics, quarterly. In addition, the *National Public Health Performance Standards version 3.0 will be used to assess the capacity of our Districts.*

State Program Setting: State health department, Tribal nation or area

FTEs (Full Time Equivalents): funded with PHHS Block Grant funds.

Position Name: Andrew Finch

Position Title: Community Based Prevention Manager

State-Level: 100%

Total Number of Positions Funded: 1

Total FTEs Funded: 1.00

National Health Objective #1: ECBP-10 Community-Based Primary Prevention Services

Note: this remains the focus of some activities and the ultimate objective of this area. However, based on the public health improvement planning cycle, we are adding a second National objective to more directly match some of the planned activities (see below).

State Health Objective(s):

Between 10/2015 and 09/2020, maintain the number of evidence-based interventions related to District priorities implemented annually.

Baseline: In 2018, nine evidence-based interventions were implemented by District Coordinating Councils.

Data Source: Maine CDC, District Coordinating Council quarterly reports, Public Health District contractual reports, and District Public Health Improvement Plan reports.

State Health Problem:

Health Burden: Each Public Health District in Maine has an Improvement Plan. Previous priorities were selected based on the results of the 2016 Shared Community Health Needs Assessment (CHNA) and community stakeholder input. In April 2019, an updated Shared CHNA was released. Implementation of the current Plans will continue while new plans are developed because the priorities indicated in the 2019 CHNA overlap with previous priorities. District Coordinating Councils only meet once a quarter, and further scans of community assets may be needed prior to developing new plans. While they vary by District, all Districts include priorities related to mental health, obesity and chronic diseases, and substance and tobacco use. Emerging needs for healthy aging, access to healthcare, and social determinants of health are additional common themes.

Target Population:

Number: 1,331,479

Ethnicity: Hispanic, Non-Hispanic

Race: African American or Black, American Indian or Alaskan Native, Asian, Native Hawaiian or Other Pacific Islander, White, Other

Age: Under 1 year, 1 - 3 years, 4 - 11 years, 12 - 19 years, 20 - 24 years, 25 - 34 years, 35 - 49 years, 50 - 64 years, 65 years and older

Gender: Female and Male

Geography: Rural and Urban

Primarily Low Income: No

Disparate Population:

Number: 22,021

Ethnicity: Hispanic, Non-Hispanic

Race: American Indian or Alaskan Native, Other

Age: Under 1 year, 1 - 3 years, 4 - 11 years, 12 - 19 years, 20 - 24 years, 25 - 34 years, 35 - 49 years, 50 - 64 years, 65 years and older

Gender: Female and Male

Geography: Rural and Urban

Primarily Low Income: Yes

Location: Specific Counties

Target and Disparate Data Sources: 2019 Maine Shared CHNA, 2016 US Census quick facts & 2015 American Community Survey

Evidence Based Guidelines and Best Practices Followed in Developing Interventions:

Best Practice Initiative (U.S. Department of Health and Human Service)

Guide to Community Preventive Services (Task Force on Community Preventive Services)

Other: Public Health Accreditation Standards; SAMHSA National registry of Evidence-Based programs and Practices.

Funds Allocated and Block Grant Role in Addressing this Health Objective:

Total Current Year Funds Allocated to Health Objective: \$328,247

Total Prior Year Funds Allocated to Health Objective: \$0

Funds Allocated to Disparate Populations: \$36,472

Funds to Local Entities: \$216,270

Role of Block Grant Dollars: Supplemental Funding

Percent of Block Grant Funds Relative to Other State Health Department Funds for this HO:

10-49% - Partial source of funding

OBJECTIVES – ANNUAL ACTIVITIES

Allocated funds are used to achieve Impact & Process Objective outcomes and to carry out Annual Activities that are based on Evidence Based Guidelines and Best Practices identified in this work plan.

Objective 1:**Community Based Intervention**

Between 10/2019 and 09/2020, District Coordinating Councils or designated members will implement **2** evidence-based strategies to improve health in a selected priority area, based on their District Public Health Improvement Plans.

Annual Activities:**1. Implementing evidence-based strategies**

Between 10/2019 and 09/2020, based on the District Public Health Improvement Plans, each District will select at least one priority and implement an evidence-based program to address that priority.

*Objective 2: District Improvement Planning in the approved workplan will be **deleted**. Due to timing of the Local Public Health System Assessments described below, it is anticipated that District Public Health Improvement Plans will not be completed in this project period.*

National Health Objective #2: PHI-14 Public Health Infrastructure

This objective has been added since measure 14.2 directly addresses the planned activities: “Increase the proportion of local public health systems that conduct a public health system assessment using national performance standards.”

State Health Objective(s):**District Assessments**

*Between 10/2019 and 09/2020, District Coordinating Councils will complete **2** District Local Public Health System Assessments.*

Baseline:

*In 2010, **8** public health Districts completed a local public health systems assessment.*

Data Source:

Maine CDC, District Coordinating Council quarterly reports, and Public Health District contractual reports.

State Health Problem:**Health Burden:**

The current District Public Health Improvement Plans are based on district public health infrastructure last assessed in 2010 system. In addition, Maine CDC programmatic prevention services addressing Tobacco, Substance Abuse, Obesity, and Youth Development are due to be put out to bid in 2020. To make optimal use of available funding and resources, Maine is planning on conducting a Local Public Health Systems Assessment in 2019-2020. Completion of this assessment will identify how well essential public health services are being delivered in the districts, where additional development is necessary, and assist in identifying local resources to successfully implement new DPHIPs and prevention services.

Target Population:

Number: 1,331,479

Ethnicity: Hispanic, Non-Hispanic

Race: African American or Black, American Indian or Alaskan Native, Asian, Native Hawaiian or Other Pacific Islander, White, Other

Age: Under 1 year, 1 - 3 years, 4 - 11 years, 12 - 19 years, 20 - 24 years, 25 - 34 years, 35 - 49 years, 50 - 64 years, 65 years and older

Gender: Female and Male

Geography: Rural and Urban

Primarily Low Income: No

Disparate Population:

Number: 22,021

Ethnicity: Hispanic, Non-Hispanic

Race: American Indian or Alaskan Native, Other

Age: Under 1 year, 1 - 3 years, 4 - 11 years, 12 - 19 years, 20 - 24 years, 25 - 34 years, 35 - 49 years, 50 - 64 years, 65 years and older

Gender: Female and Male

Geography: Rural and Urban

Primarily Low Income: Yes

Location: Specific Counties

Target and Disparate Data Sources: 2019 Maine Shared CHNA, 2016 US Census quick facts & 2015 American Community Survey

Evidence Based Guidelines and Best Practices Followed in Developing Interventions:

Other: National Public Health Performance Standards version 3.0

Funds Allocated and Block Grant Role in Addressing this Health Objective:

Total Current Year Funds Allocated to Health Objective: \$215,596

Total Prior Year Funds Allocated to Health Objective: \$0

Funds Allocated to Disparate Populations: \$22,870

Funds to Local Entities: \$157,646

Role of Block Grant Dollars: Supplemental Funding

Percent of Block Grant Funds Relative to Other State Health Department Funds for this HO:

50-74% - Significant source of funding

Objective 1:

District Assessments

*Between 10/2019 and 09/2020, District Coordinating Councils will complete **9** District Local Public Health System Assessments.*

Annual Activities:

1. Systems Assessment

Between 10/2019 and 09/2020, each of Maine's nine public health districts will implement the selected nationally recognized assessment tool and submit the collected data to Maine CDC for analysis and compilation of a Local Public Health System Assessment report.

2. Priority selection

Between 10/2019 and 09/2020, District Coordinating Councils will select priorities based on the 2019 Maine Shared Community Health Needs Assessment and the Public Health Systems Assessment.

3. Strategy selection

Between 10/2019 and 09/2020, District Coordinating Councils will select evidence-based strategies to address selected priorities, including improvements to local public health systems.

Objective 2:

State Assessment

Between 10/2019 and 09/2020, Maine CDC Community Prevention staff and the State Coordinating Council for Public Health (SCC) will engage stakeholders from 9 Public Health Districts for a State Public Health System Assessment.

Annual Activities:

1. Systems Assessment

Between 10/2019 and 09/2020, Maine CDC Community Prevention staff, in collaboration with the SCC, including representatives from the 9 public health districts, will implement the selected nationally recognized assessment tool and submit the collected data to Maine CDC for analysis. It is anticipated that priorities and strategies will not be selected in this project period but will continue into the next PHHS BG project period.

State Program Title: Maintaining Public Health Accreditation

State Program Strategy:

Goal: Maintain Public Health Accreditation.

Health Priority: Compliance with accreditation and reaccreditation standards.

Primary Strategic Partners: Maine CDC Accreditation Committee; Maine CDC Quality Improvement Team; Other Maine CDC staff.

Evaluation Method: Maine CDC tracking tool for reaccreditation standards, submission of Accreditation annual reports to PHAB.

State Program Setting:

Local health department, State health department, Other: Regional Public Health Districts and Tribal Health District

FTEs (Full Time Equivalents):

Full Time Equivalents positions that are funded with PHHS Block Grant funds.

Position Name: Erik Gordon

Position Title: Accreditation & Workforce Development Coordinator

State-Level: 100% Local: 0% Other: 0% Total: 100%

Position Name: Nancy Birkhimer

Position Title: Accreditation and Performance Improvement Manager

State-Level: 80% Local: 0% Other: 0% Total: 80%

Position Name: to be hired (vacant since 10/4/19)

Position Title: Performance Improvement Coordinator

State-Level: 100% Local: 0% Other: 0% Total: 100%

Total Number of Positions Funded: 3

Total FTEs Funded: 2.80

National Health Objective: HO PHI-17 Accredited Public Health Agencies

Note: this remains the focus of most activities of this area. However, based on a newly identified need for resources for quality improvement activities in one area (food safety) we are added a second National objective to more directly match some of the planned activities (see below).

State Health Objective(s):

Between 10/2019 and 09/2020, document adherence to reaccreditation standards

Baseline:

As of March 2018, 0 reaccreditation measures have been documented.

Data Source:

PHAB Public Health Performance Reaccreditation Standards Version 1.0; Maine CDC reaccreditation tracking tool.

State Health Problem:

Health Burden:

As the state public health agency, with only two local public health agencies in the state, Maine CDC carries the major responsibility of providing the ten essential public health services for the entire state. Demonstrating that the agency meets all Public Health Accreditation Board (PHAB) standards builds confidence and credibility for the agency. With reaccreditation scheduled for June 2021, documentation of the reaccreditation standards needs to begin.

Target Population:

Number: 1

Infrastructure Groups: State and Local Health Departments

Disparate Population:

Number: 1

Infrastructure Groups: State and Local Health Departments

Evidence Based Guidelines and Best Practices Followed in Developing Interventions:

Other: Public Health Accreditation Board Reaccreditation Standards Version 1.0

Funds Allocated and Block Grant Role in Addressing this Health Objective:

Total Current Year Funds Allocated to Health Objective: \$380,735

Total Prior Year Funds Allocated to Health Objective: \$0

Funds Allocated to Disparate Populations: \$0

Funds to Local Entities: \$0

Role of Block Grant Dollars: Supplemental Funding

Percent of Block Grant Funds Relative to Other State Health Department Funds for this HO:

50-74% - Significant source of funding

OBJECTIVES – ANNUAL ACTIVITIES

Allocated funds are used to achieve Impact & Process Objective outcomes and to carry out Annual Activities that are based on Evidence Based Guidelines and Best Practices identified in this work plan. *Note: there are no changes to the current work plan for this National Health Objective.*

National Health Objective: HO PHI-17 Food Safety

State Health Objective(s):

Between 10/2019 and 09/2020, Improve the Health Inspection Program's Information Management System to increase efficiencies.

Baseline:

As of October 2019, 1 new functionality was partially complete.

Data Source:

Office of Information Technology's JIRA issue tracking system, deployment documentation, and contract deliverable tracking via weekly report to the program manager.

State Health Problem:

Health Burden:

Maine CDC's Health Inspection Program has statutory responsibility for licensing and inspecting eating and lodging establishments, campgrounds, youth camps, public pools and spas and body artists. To be able to efficiently carry out these responsibilities, additional functionality in its information management system is needed. Nine priority changes to the data system have been identified as having the greatest impact on streamlining work processes, increasing efficiency including in licensing, enforcement and reporting activities and increasing customer service.

Target Population:

Number: 1,331,479

Ethnicity: Hispanic, Non-Hispanic

Race: African American or Black, American Indian or Alaskan Native, Asian, Native Hawaiian or Other Pacific Islander, White, Other

Age: Under 1 year, 1 - 3 years, 4 - 11 years, 12 - 19 years, 20 - 24 years, 25 - 34 years, 35 - 49 years, 50 - 64 years, 65 years and older

Gender: Female and Male

Geography: Rural and Urban

Primarily Low Income: No

Disparate Population: *Not applicable*

Target Population Data Source: *2019 Maine Shared CHNA, 2016 US Census quick facts & 2015 American Community Survey*

Evidence Based Guidelines and Best Practices Followed in Developing Interventions:

Other: FDA Voluntary National Retail Food Regulatory Program Standards.

Funds Allocated and Block Grant Role in Addressing this Health Objective:

Total Current Year Funds Allocated to Health Objective: \$127,698

Total Prior Year Funds Allocated to Health Objective: \$0

Funds Allocated to Disparate Populations: \$0

Funds to Local Entities: \$0

Role of Block Grant Dollars: Supplemental Funding

Percent of Block Grant Funds Relative to Other State Health Department Funds for this HO:

50-74% - Significant source of funding

OBJECTIVES – ANNUAL ACTIVITIES

Allocated funds are used to achieve Impact & Process Objective outcomes and to carry out Annual Activities that are based on Evidence Based Guidelines and Best Practices identified in this work plan.

Objective 1:

Information system Improvements

Between 10/2019 and 09/2020, implement 10 new functionalities in the Health Inspection Program's Information Management System.

Annual Activities:

1. Information System Improvements

Between 10/2019 and 09/2020, contract with a Delphi programmer and InforME, the state's website contractor, to add new functions to the Maine Health Inspection Program's Information System.